



Division of Motor Carriers

09/2012

KENTUCKY INTRASTATE FOR-HIRE AUTHORITY RENEWAL

(EXCEPT HOUSEHOLD GOODS AND PASSENGERS)

MAIL TO:

PO Box 2007, Frankfort KY 40602-2007
Phone: (502)564-1257 8:00 am – 4:30 pm EST
<http://transportation.ky.gov/Motor-Carriers>

For Year: _____

Business Name and Address: _____

LIST YOUR COMPANY NUMBER (S):

(K) NUMBER: _____

KYU NUMBER: _____

DOT NUMBER: _____

KIT NUMBER: _____

**TO ENSURE RECEIPT OF THIS AUTHORITY BEFORE THE EXPIRATION OF YOUR CURRENT AUTHORITY,
RETURN PRIOR TO NOVEMBER 30.**

FEES:

Number of vehicles _____ X \$10.00 per vehicle = \$ _____

The application fee of \$25.00 **must** also be submitted. + \$ _____ 25.00

Total enclosed = \$ _____

- **Make fees payable to Kentucky State Treasurer.**
- **The company's evidence of insurance (Form E) must be on file with this agency and in good standing. Carriers with invalid insurance will not be processed until receipt of the Form E.**
- **Write corrections to your company name, address and/or telephone numbers directly on this form. Name and/or address changes require a revised insurance form (Form E).**
- **Future additions to this authority must be submitted on the VEHICLE ADD ON FOR: Kentucky Intrastate For-Hire Authority form. This form may be obtained from our web site: <http://transportation.ky.gov/Motor-Carriers> or by contacting this agency.**

The undersigned hereby files application for the renewal of Kentucky Intrastate For-Hire Authority. This authorization shall remain in effect until expired by law or revoked by the Kentucky Transportation Cabinet. Any vehicles operated under this authority must carry verification of insurance. I certify that I have access to and am familiar with all applicable regulations of the U.S. Department of Transportation relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and I will comply with these regulations:

***** FAXED COPIES NOT ACCEPTED *****
Original form must be mailed

PRINT NAME AND TITLE**AUTHORIZED SIGNATURE**

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TELEPHONE NUMBER**IF YOU NO LONGER NEED THIS AUTHORITY PLEASE CHECK HERE:** ☐**DATE**Office Use Only
Account codes:

31 \$

33 \$ 25.00